

EXHIBIT N
TO JOINT STATEMENT OF
UNDISPUTED FACTS



Litigation Assignment Form

Requester: Jennifer Green | Phone #: (312) 629-2300 | Time of Request: 04/11/2006 11:44 AM

Request Type

- ☒ Portfolio Firm Assignment
☐ Ad Hoc Activity Assignment
☐ Legal Exception Request

Status Assigned

ATLAS Claim Number* 55406001460 11 digit format

Expense Suffix* 001 Primary Litigated Suffix - the suffix on which legal expenses are to be paid (3 digit format). This should be the suffix which has the highest severity or is likely to be the last to close.

[Get ATLAS Data](#)

Additional Lit Suffixes Click this button to populate fields with data from ATLAS
Non-ATLAS Claim List each additional litigated suffix on this claim (3 digit format)
For Jefferson or Allianz Claim Numbers only

Adjuster* Jennifer Green

State* NM (Portfolio Firm Region: Southwest)

County* Bernalillo (County Zip: 87101)

Court Type State

Claim Information for Case Assignment

HCO* 554 Interstate Prof Liab - Med Mal

Claim Line* L

Line Abbreviation* PI Personal Injury / Professional Liability

CCU Gen ID (Leave blank if not applicable)

Severity* [Set](#) 343 Economic Loss, Non-economic Loss, Potential Liability of Insured (111 - 555)

Complexity* [Set](#) 332 Liability Discovery, Damages Discovery, Parties (111 - 333)

Severity/Complexity Index 5

Party Information

For litigated cases, you must submit the names of all the parties in the litigation so that the law firms can run a conflict check. You can fax the complete pleading, fax just the caption if the caption lists all parties in the suit, or list all parties on this form. Please indicate how you are supplying this information.

Faxed pleading caption, All parties are listed below

Case Name Ben Tracy, as Personal Representative of the Estate of Marilyn Tracy, Deceased vs. Lovelace Sandia Health Services, d/b/a Albuquerque Regional Medical Center, Cirrus Medical Staffing, and Health Resources Network Services, Inc.

Insured Cirrus Medical Staffing, Llc (Name and phone)

Claimant Tracy, Marilyn Est Of

Answer for Cirrus Medical Staffing (List parties here that the firm must answer for)

Date of Loss 10-07-2004

(List all other parties here if you are not faxing party information)

Calculated Case Categories

IFC00381

Claim Region S4 - INTERSTATE
 Legal Segment PL
 Case Type Medical Malpractice
 Comment on Case Type (Add comment if case type calculation is invalid or incomplete)

Payment Information

Cost Sharing No (Select Y if we are sharing the cost with another carrier)

FFIC Cost Share Percent* 100.00%
 Lead/Participant*

Split Billing No (Select Y if defense costs are to be applied to other claims)

Split Claim Number(s)	Percentage(s)
	%
	%
	%

Deductible / SIR Yes (Select Y if there is any type of deductible on the policy)

Deductible Type* Expense and Indemnity
 Payment Type* Front End (Firm Bills Insured)
 Deductible Amount* \$5,000

Additional Case Details

Special Treatment Required (Indicate here if the matter requires an immediate Answer and if so the Service Date.)

Date of service was 3/27/06

What was the method and date of delivery of the summons and complaint?

Unk

Was an extension of time to plead or answer obtained, from whom, and when does it expire?

No – still have time to file answer

Provide additional case information for the receiving firm in the field below. You can paste text into this field.
 NOTE: You cannot forward attachments to the law firm by pasting them into this field - they will not be included in the Word document. If you want to submit attachments, please attach them separately next to the the Word document when you send your assignment to the Portfolio firm.

Assignment

[Send Assignment to Portfolio Firm](#)

Assigned Portfolio Firm Jackson & Wallace
 Date Submitted 04/11/2006
 Portfolio Tax ID 943092256 (Enter this Tax ID when choosing the Vendor on the ATLAS LI Screen)

Local Firm Yenson, Lynn, Allen & Wosick P.C.

Contact Information

Contact: Terrance P. Yenson

4908 Alameda Blvd. Northeast
 Albuquerque, NM 87113
 Phone: 505-266-3995

Fax: 505-268-6694

Contact Email tyenson@ylawfirm.com

Email this Assignment Form and fax documents for the conflict check to the following Portfolio Firm contact

Email for Conflict Check jphalon@jacksonwallace.com
Fax for Conflict Check 415-982-6700 Attn: Jim Phalon

Special Assignment Notes

IFC00383